

Weekly Updates in Red

General

Q: Why is enrollment mandatory this year, can't I just keep what I have?

A: There have been several changes to benefits for next year and it is important that employees take the opportunity to select the benefits they want. The medical options' rates will look much different this year due to an increase in the employee contributions combined with the new four-tier rate structure. You may want to change your current elections according to your budget. If you are currently enrolled in a medical plan, but do not confirm that enrollment on-line, you will be defaulted into Option 2 and the appropriate tier based on your current dependents on the insurance plan. For example, if you are currently enrolled in Option 1 with Family coverage for just you and your wife, you will be defaulted to Option 2 with Employee+Spouse coverage, unless you go on-line to confirm your current election.

Q: What is a four-tier rate structure?

A: A four-tier rate structure more closely matches the actual enrollment of the employee. The tiers are Employee, Employee + Spouse, Employee + Child(ren), and Employee + Family. All of the medical options are moving to a four-tier structure for 2010. Dental coverage will remain two-tier for 2010 and move to four-tier in 2011.

Q: How do I know my sign-on?

A: Please refer to page 3 of Benefits Enrollment Guide

Q: Are there new products for the on-line enrollment?

A: Yes. Short term disability and the flexible spending accounts will be enrolled on-line for 2010. If you had short term disability for 2009, your enrollment screen will show an amount based on a percentage of your salary that is closest to the amount you have in 2009. You can opt to take that amount, change the amount, or decline coverage.

Q: If I completed my Open Enrollment and submitted to administrator, can I still make changes?

A: Yes. You can login to www.employeease.com and make changes as frequently as you wish until Open Enrollment closes on November 30, 2009.

Q: I am a new employee and just enrolled for the remainder of 2009. Do I still need to go on-line during Open Enrollment to select benefits?

A: Yes. Open Enrollment is to select your benefits for 2010, so you will need to reenroll to be certain you get the benefits you want.

Medical

Q: If I change my medical option for 2010, do any pre-existing conditions apply?

A: No. If prior limitations have been satisfied, there will be no pre-existing condition exclusions for your medical coverage.

Q: I enrolled in Option 3 for 2009. How do I find out if there is anything left in my HRA fund to roll over for 2010?

A: Log on to www.mycigna.com to get that information.

Q: Is pharmacy coverage different under Option 3?

A: Yes. The pharmacy coverage under Option 3 (HRA) is different than under the other two medical options. Under Option 3, your prescriptions are counted as part of your deductible, and will be deducted from your HRA fund and then be paid by you until you satisfy the deductible. After the deductible has been met, the plan will pay 70% for generics, 60% for preferred brands, and 50% for non-preferred brands. You can still get some prescriptions at the CareHere clinics for free.

Q: In the meetings, we were told that for Option 3 (HRA) the deductibles and out-of-pocket maximums are collective. What does that mean?

A: Collective deductibles and out-of-pocket maximums mean that if you have selected an employee plus other members of the family level of coverage, then that entire deductible must be satisfied before the coinsurance part of the plan will begin. So if you have a \$3,000 deductible, your family must satisfy the entire deductible before the 90% coinsurance will apply. Any combination of family members' claims will be considered "collectively" in the satisfaction of the deductible. The same holds true for the out-of-pocket maximum.

Short Term Disability

Q: I currently have short term disability coverage with US Able. When the coverage changes to Reliance, will my pre-existing conditions be covered?

A: Yes. If you currently have the short term disability plan through US Able, all pre-existing conditions will be waived under the new plan. If you are enrolling in a short term disability product for the 1st time, there is a 12 month exclusion for any pre-existing conditions causing your disability if you had treatment for those conditions in the prior 12 months.

Q: My current short term disability policy only has an 8 day elimination period compared to the new one at 15. Why was this change made?

A: The new coverage is much more affordable, and the ratio of employees utilizing that benefit is low compared to enrollment. The average employee will save more than 20% over the rates they are currently paying. Most employees have enough sick time to cover the extra week.

Q: If I want to keep my current short term disability plan with US Able, can I?

A: No. The short term disability product with US Able is not transferrable. It will terminate as of 12/31/2009.

Q: Do I have the option of not using my accumulated sick time to satisfy the 15 day elimination period under short term disability?

A: Please consult your HR department.

Voluntaries

Q: How do I get more information about the voluntary products?

A: Please call Benesync at 1-888-808-1664 ext. 300 for plan specifics and rate information. They can also help you with your enrollment.

Q: Can I keep my cancer and other voluntary policies with USABLE?

A: Rutherford County will no longer support the USABLE products on a payroll-deducted basis. You can contact USABLE at 1.800.370.5856 to learn how to keep those products on a direct basis.

Q: I have products with AFLAC, can I keep those?

A: Yes. The few employees who have products from AFLAC can maintain those on a payroll-deducted basis.

Q: Can any benefits-eligible employee enroll in these products?

A: Yes. For this enrollment all three of the voluntary products (Cancer, critical illness, and accident) are guaranteed issue. That means you can enroll in them without answering health questions. If you do have a pre-existing condition, your policy will not make any payments related to that condition for 12 months. However if you are currently participating in a comparable USABLE plan (Cancer, Critical Illness or Accident) plan, then Pre existing conditions will be waived.

Q: I attended the Open Enrollment communication meeting but did not receive an individualized packet in regards to the Allstate voluntary insurance plans. What should I do to receive this information?

A: Some employees may be recognized at more than one work location (i.e. schools). All packets that were not received directly by an employee will be mailed to the home. You may wish to contact Benesync direct (Customer service) and speak with a representative. The phone number is 888-808-1664 extension 300.

Q: I went online and tried to disenroll from the USABLE products, but it wouldn't let me. How do I cancel those products?

A: The USABLE policies will automatically terminate as of 12/31/2009. There is no action needed on your part.

Q: I signed the form to purchase one of the voluntary products and turned it in. Now I have changed my mind. How do I stop that coverage from becoming effective?

A: You can call Benesync at 1.888.808.1664 ext. 298 and let them know you would like to cancel.

Flexible Spending Accounts

Q: Do I have to enroll in the insurance plan to enroll in the Flexible Spending Accounts?

A: No. You can enroll in either the medical or dependent care Flexible Spending Account without enrolling in the medical plan.

Q: I have enrolled in Option 3. Can I use the medical Flexible Spending Account to pay expenses related to my portion of the deductible?

A: Yes. You can use your medical Flexible Spending Account for any qualifying medical expense that is not paid by the healthplan.

CareHere

Q: Why is there a new no-show charge for missed appointments at the CareHere clinics?

A: A study of clinic appointments revealed that about 6-7% of Rutherford County employees and family members who are making appointments at the CareHere clinics fail to show up for those appointments. That means there are many appointments vacant that could have been used by others for clinic visits. In an effort to expand clinic capacity and to make certain that people are attending the appointments they book, the no-show charge was adopted by the County Commission. You will need to cancel your appointment 24 hours prior to the appointment time. It will not be counted as a no-show if you arrive late, but still within the appointment time. The charge will not be assessed until the person misses a second appointment.

Q: How will the charge be collected?

A: It will be payroll-deducted from the employee's paycheck.